



Receipt # W

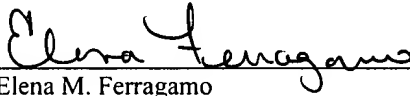
PATENT
Attorney Docket No. PRK-002 (6408/7)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Doctors et al.
SERIAL NO.: 09/833,089 GROUP NO.: 2163
FILING DATE: April 10, 2001 EXAMINER: Not yet assigned
TITLE: Health Care Payment Compliance Management

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Elena M. Ferragamo

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

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Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Request for Corrected Filing Receipt (2 pages)
3. Copy of Original Filing Receipt (with the changes noted thereon) (4 pages)
4. Return receipt postcard.

43



Application Serial Number	09/833,089
Filing Date	April 10, 2001
First Named Inventor	Doctor
Group Art Unit	2163
Examiner Name	Not yet assigned
Attorney Docket No.	PRK-002
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

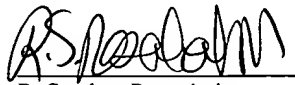
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Copy of Original Filing Receipt (with changes noted thereon)
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SIGNATURE BLOCK

Respectfully submitted,

 Date: June 29, 2001
 Reg. No. 45,283
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43

PATENT
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SERIAL NO.: 09/833,089

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TITLE: Health Care Payment Compliance Management

Office of Initial Patent Examination
Customer Service Center
Assistant Commissioner for Patents
Washington, DC 20231

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1. Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted

Error In

Correct Data

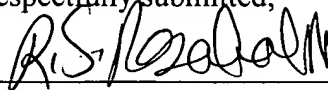
1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☒ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☒ Other (Claims)

- 1.
- 2.
3. Health Care Payment Compliance Management
- 4.
- 5.
- 6.
7. 16 total claims: 4 independent claims.

Date: June 29, 2001
Reg. No. 45,283

Tel. No.: (617) 248-7793
Fax No.: (617) 790-0247

Respectfully submitted,



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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/833,089	04/10/2001	2163	0.00	PRK-002	12	18 16	4

CONFIRMATION NO. 8871

021323

TESTA, HURWITZ & THIBEAULT, LLP
HIGH STREET TOWER
125 HIGH STREET
BOSTON, MA 02110

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TESTA, HURWITZ & THIBEAULT, LLP

FILING RECEIPT



OC000000006183562

Date Mailed: 06/14/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Jonathan Doctor, Los Angeles, CA;
Zima Hartz, Woodland Hills, CA;

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Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/196,050 04/10/2000

Foreign Applications

If Required, Foreign Filing License Granted 06/14/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

Title

Health care payments compliance management

No Docketing Necessary

TPH
Administrator6.18.01
Date

Reviewed & Approved

Resp. Atty

Date

Preliminary Class

705

Data entry by : LMESSA, HANNA

Team : OIPE

Date: 06/14/2001



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."
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